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UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BOISE)		PROOF OF CLAIM U.S. COURTS
Name of Debtor DALE BLUSH and LEONA BLUSH	Case Number 99-01784	<div style="font-size: 1.2em; font-weight: bold;">00 MAY -1 PM 4:23</div> <div style="font-size: 0.8em;">REC'D FILED CAMERON S. BURKE CLERK IDAHO</div> <div style="margin-top: 20px; font-size: 0.8em;">THIS SPACE IS FOR COURT USE ONLY</div>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Combs Car Corral Name and Address where notices should be sent: Foley & Freeman P.O. Box 10 77 E. Idaho Meridian, ID 83680 Telephone Number: 888-9111	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
2. Date debt was incurred:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ 4,000 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 5/1/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Howard R. Foley	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

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CERTIFICATE OF TITLE

CKY243F436685

1973 CHEVROLET TRUCK CK20903

2ND VEHICLE IDENTIFICATION NUMBER

ODOMETER READING

DATE

TITLE NUMBER

H447788

EXPIRATION DATE

03/31/1999

WEIGHT

LENGTH

WIDTH

HULL

HORSEPOWER

PROPELLSION

OWNER'S NAME AND ADDRESS

OTHER PERTINENT DATA

BLUSH, DALE EDWARDS OR
BLUSH, EELONA T
5601 MARVIN LN #127
BOISE, ID 83705

Assignment of Title

Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ODOMETER READING - Reading is shown in figures. If odometer is not shown, check box below.

(NO TEXTS)

☐

In Excess of Mechanic's Lien

☐

Not Actual - Warning: Odometer Discrepancy

☐

No Device

PURCHASER'S PRINTED NAME(S)

DATE SOLD

SELLING PRICE

ADDRESS

SELLER'S REPRESENTATIVE'S PRINTED NAME(S)

CITY

STATE

ZIP

I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release any interest and transfer ownership to the named purchaser. SELLER'S REPRESENTATIVE'S SIGNATURE

A

B

(Signature of the odometer certification made by the seller)

PURCHASER'S REPRESENTATIVE'S SIGNATURE

A

B

and PURCHASER'S REPRESENTATIVE'S SIGNATURE (or representative's printed name)

Lienholder Section

FIRST LIEN

COMBS CAR CORRAL

9640 W FAIRVIEW

BOISE, ID 83704

RECORDED 03/15/1999

SECOND LIEN

SIGNATURE (RELEASING LIEN)

DATE

SIGNATURE (RELEASING LIEN)

DATE

Alterations May Void This Document

This title contains an eagle watermark that is visible when held to the light.

AUDIT NO. 03845210

EXHIBIT A